## Preliminary Notice of Disciplinary Action (31-A) DEPARTMENT OF PERSONNEL - STATE OF NEW JERSEY

INSTRUCTIONS: This notice must be served on a permanent employee or an employee serving a working test period in the career service against whom one of the following types of disciplinary action is contemplated: (a) suspension or fine for more than five working days at any one time; (b) suspension or fine for five working days or less where the aggregate number of days suspended or fined in any one calendar year is 15 working days or more; (c) the last suspension or fine where an employee receives more than three suspensions or fines of five working days or less in a calendar year; (d) disciplinary demotion from a title in which the employee has permanent status or to which the employee has received a regular appointment; (d) removal; (f) resignation not in good standing. A copy of this preliminary notice must be sent to the Department of Personnel. Subsequent to the day of hearing by the appointing authority, the employee and the Department of Personnel must be served with Form DPF-31 R. Final Notice of Disciplinary Action

Departmen	ni oi reisonnei musi de serveu wiin roi	III DET-31 B, FINAL NOLICE	of Discipilitary Action.		
FROM:	JURISDICTION (Local Service)  DEPARTMENT				
i i i Oivi.	DIVISION, INSTITUTION OR AGENCY	STATE PAYROLL NUMBER	ADDRESS	DATE	
	NAME OF EMPLOYEE	TITLE		SOCIAL SECURITY NUMBER	
то:	STREET		CITY AND STATE		
	e hereby notified that the following chargessary, use additional sheets and attach		nst you: SPECIFICATION(S):		
If checked, charges are continued on attached page    If checked, specifications are continued on attached page    You are hereby suspended effective					
	*YOU DESIRE A HEARING BEFORE T  *DAYS OF RECE  N, 19 at (time state of the days)	EIPT OF THIS FORM. IF Y	OU REQUEST A HEARING IT WILL	BE HELD	
SIG	Suspension for days, beg Indefinite suspension pending crim Removal, effective (date)  Demotion to position of  Resignation not in good standing, efine \$ which is equal amount  GNATURE(Appointing Authority or author)  OTICE: Your health insurance	inning einal charges effective (diffective (date) lto days pay TITL TITL ized agent)	ffective (date)  Other disciplinary	r action: (explain on attached page)	
Metho	nod PERSONAL		EMPLOYEE SIGNATURE OR NAME OF SERVER DATE SERVED		
Serv (Check	CERTIFIED OR		Give date of receipt by employee or agent as shown on return receipt postal card and the receipt number:		